

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 155Registered No. 171

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 117 Red Springs Canon

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Ricardo Dominguez

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

of birth

April 6 1930  
Month Day Yearmale

5. No., in order of birth

yes

## 9. FATHER

Full name

José Dominguez

## 10. Residence

(Usual place of abode)

Miami, Ariz

If non-resident, give place and state.

## 11. Color or race

Mexican12. Age at last birthday 38 (Years)

## 13. Birthplace (city or place)

(State or country)

Mexico

## 14. Occupation

Carpenter

Nature of Industry

## 15. MOTHER

Full maiden name

Rosalda Casas

## 16. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

## 17. Color or race

Mexican18. Age at last birthday 33 (Years)

## 19. Birthplace (city or place)

(State or country)

Mexico

## 20. Occupation

Housewife

Nature of Industry

21. Number of children of this mother 6(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 5(b) Born alive but now dead 1(c) Stillborn 0

22. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive

(Born alive or stillborn)

at 11:00 m on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Dr. Franklin

(Physician or midwife.)

Given name added from  
a supplemental report.

Address

Miami, Arizona

Month, day, year

9 4 9 - 10 6 - 9 3 0

Registrar.

Filed Apr 12, 1930

Registrar.